



CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number 150313-0		3. This Statement covers From: <u>01/01/2015</u> To: <u>07/20/2015</u> Mo Day Year Mo Day Year	
2. Committee Name Committee to Elect Joseph Rivet		4. Candidate Last Name First Name M.I. Committee to Elect Joseph Rivet JOSEPH L. 4a. Office Sought Including District # or Community Served (If applicable) To Be Determined BAY COUNTY DRAIN COMMISSIONER 4b. County of Residence Driver License # (Optional) Bay	
5. Committee's Mailing Address 2600 Center Bay City MI 48708 Area Code and Phone (989) 671-2153 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		6. Treasurer's Name & Residential Address JOSEPH RIVET 2600 CENTER AVE, BAY CITY, MI 48708 Area code & Phone 989-671-2153 Driver License # (Optional)	
7. Treasurer's Business Address 515 CENTER AVE. BAY CITY, MI 48708 Area Code and Phone		8. Designated Recordkeeper's Name and Mailing Address (If the committee has a Designated Recordkeeper) CYNTHIA A. LUCZAK BAY COUNTY CLERK 18TH JUDICIAL CIRCUIT CLERK JUL 24 10:37 AM Area Code and Phone Driver License # (Optional)	
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus Date of Election, Convention or Caucus 11/08/2016 Month Day Year		9c. <input type="checkbox"/> Annual Statement (Coverage Year) 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution Mon Day Year By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.			
10. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Recordkeeper JOSEPH RIVET Type or Print Name Signature Date 7 23 15 Mo Day Year		Candidate Committee to Elect Joseph Rivet Type or Print Name Signature Date 7 23 15 Mo Day Year	

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

1. Committee I.D. Number 150313-0

2. Committee Name Committee to Elect Joseph Rivet

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>4110.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>0.00</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>4110.00</u>	(18.) \$ <u>6885.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>4110.00</u>	(20.) \$ <u>6885.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1892.34</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>82.33</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>1974.67</u>	(23.) \$ <u>4510.17</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>775.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>925.23</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + <u>4110.00</u>	
15. SUBTOTAL Add Lines 13 and 14	(15.) = <u>5035.23</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - <u>1974.67</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>3060.56</u> *	

NOTE: Direct contributions, in-Kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.
All required schedules must be included with this statement. *If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150313-0
2. Committee Name Committee to Elect Joseph Rivet

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>1</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/07/2015</u> Name: Bob Redmond Address: 201 N. Mountain Bay City MI 48706 5. If over \$100.00 cumulative, please provide: Occupation <u>ANALYST</u> Employer <u>BAY COUNTY</u> Business Address <u>515 CENTER AVE. BAY CITY, MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	100.00
3. Contribution # <u>2</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/09/2015</u> Name: Nancy Carmona Address: 5757 Two Mile Rd. Bay City MI 48706 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	30.00	50.00
3. Contribution # <u>3</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/09/2015</u> Name: Ron Hansen Address: 1615 Thunderbird Saginaw MI 48609 5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>SPICER GROUP</u> Business Address <u>230 S. WASHINGTON AVE. SAGINAW, MI 48607</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	200.00	400.00
3. Contribution # <u>4</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/10/2015</u> Name: Tom Bock Address: 2123 Center Ave. Bay City MI 48708 5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>708 CENTER AVE. BAY CITY, MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	170.00
Page Subtotal	380.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

Enter this total on
line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

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CANDIDATE COMMITTEE

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3. Contribution # <u>5</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/10/2015</u> Name: Tom Herek Address: 1606 30th Street Bay City MI 48708 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # <u>6</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/10/2015</u> Name: Bill Weber Address: 683 S. Linwood Beach Rd. Linwood MI 48634 5. If over \$100.00 cumulative, please provide: Occupation <u>PROSPECTOR</u> Employer <u>SARGEANT STONE DOCKS</u> Business Address <u>5006 N. WESTERN BLVD RD. SAGINAW 48604</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	200.00
3. Contribution # <u>7</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/11/2015</u> Name: Brian Redmond Address: 11 Bay Shore Drive Bay City MI 48706 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	40.00
3. Contribution # <u>8</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/16/2015</u> Name: Ken Lange Address: 383 River Drive Bay City MI 48706 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
Page Subtotal	190.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

Enter this total on
line 3a of
Summary Page



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150313-0
2. Committee Name Committee to Elect Joseph Rivet

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3. Contribution # <u>9</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/16/2015</u> Name: <u>Dave Quimby</u> Address: <u>12760 Whisper Ridge Circle</u> <u>Freeland MI 48623</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>ACCOUNTANT</u> Employer <u>WGINLANDER FITZMAUR</u> Business Address <u>1600 CENTER AVE, BAY CITY, MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	200.00
3. Contribution # <u>10</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/18/2015</u> Name: <u>Gerald Prevost</u> Address: <u>1619 Stanton</u> <u>Bay City MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	50.00
3. Contribution # <u>11</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/20/2015</u> Name: <u>Ed Dore</u> Address: <u>3095 Sherwood</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>PASSIDW</u> Employer <u>DONE ASSOC.</u> Business Address <u>900 TRUMAN PARKWAY, BAY CITY, MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution # <u>12</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Cheryl Ackerman</u> Address: <u>1813 33rd Street</u> <u>Bay City MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	75.00	95.00
Page Subtotal	295.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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3. Contribution # <u>13</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: John Andress Address: 1701 S. Sheridan Bay City MI 48708 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	40.00
3. Contribution # <u>14</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: Mark Basket Address: 1076 W. Borton Rd. Essexville MI 48732 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	30.00	50.00
3. Contribution # <u>15</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: Kerice Basmadjian Address: 1301 S. Henry Bay City MI 48706 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	30.00	30.00
3. Contribution # <u>16</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: Deanne Berger Address: 2235 Carroll Rd. Bay City MI 48708 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	40.00
Page Subtotal	100.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150313-0
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3. Contribution # <u>17</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: Tim Boutell Address: 855 S. Linwood Beach Linwood MI 48634 5. If over \$100.00 cumulative, please provide: Occupation <u>PROS. DWT</u> Employer <u>BOUTELL ENTERPRISES</u> Business Address <u>807 WOODLAND, BAY CITY MI 48706</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	200.00
3. Contribution # <u>18</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: Kathy Bremer Address: 146 E. Munger Rd. Munger MI 48747 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	25.00	25.00
3. Contribution # <u>19</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: Brunner for State Rep. Address: 208 Murphy Bay City MI 48706 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # <u>20</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: Rick Brzezinski Address: 2513 25th Street Bay City MI 48708 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	40.00
Page Subtotal	165.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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CANDIDATE COMMITTEE

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3. Contribution # <u>21</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: Mike Buda Address: 526 Handy Drive Bay City MI 48706 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # <u>22</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: Sara Clevez Address: 1179 W. Blakely Rd. Sanford MI 48657 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # <u>23</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: Jerry Crete Address: 1604 St. Mary's Ct Essexville MI 48732 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	30.00	50.00
3. Contribution # <u>24</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: Chad Cunningham Address: 290 Killarney Beach Bay City MI 48706 5. If over \$100.00 cumulative, please provide: Occupation <u>PROSIDENT</u> Employer <u>PRIME BROTHERS</u> Business Address <u>1500 S. EUCLID AVE. BAY CITY, MI 48706</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	200.00
Page Subtotal	170.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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3. Contribution # <u>25</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Troy Cunningham</u> Address: <u>5209 Prairie Creek</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	30.00	30.00
3. Contribution # <u>26</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Nick Czerwinski</u> Address: <u>2986 Chrysler Dr.</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # <u>27</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Don David</u> Address: <u>1836 McKinley</u> <u>Bay City MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # <u>28</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Mike Denay</u> Address: <u>3052 W.Birch Dr.</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	40.00	40.00
Page Subtotal	140.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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3. Contribution # <u>29</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Mary Donnelly</u> Address: <u>613 Green</u> <u>Bay City MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # <u>30</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Ben DuRussell</u> Address: <u>1404 Markel</u> <u>Munger MI 48747</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	30.00	30.00
3. Contribution # <u>31</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Brian Elder</u> Address: <u>900 Center</u> <u>Bay City MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # <u>32</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Jim Fabiano</u> Address: <u>5816 Windy Gale</u> <u>Midland MI 48640</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>FABIANO BRETHINS</u> Business Address <u>1885 BEVANDA, BAY CITY, MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	100.00
Page Subtotal	200.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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1. Committee I.D. Number 150313-0
2. Committee Name Committee to Elect Joseph Rivet

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>33</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Bill Fournier</u> Address: <u>1020 N. Water</u> <u>Bay City MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # <u>34</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Friends of Joan Brausch</u> Address: <u>P.O. Box 2412</u> <u>Midland MI 48641</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # <u>35</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Jim Gath</u> Address: <u>147 River Trail</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # <u>36</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Harry Gill</u> Address: <u>3030 Riverview</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
Page Subtotal	170.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150313-0

2. Committee Name Committee to Elect Joseph Rivet

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>37</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Don Good</u> Address: <u>714 Webb</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # <u>38</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Terry Gould</u> Address: <u>4299 Kuerbitz</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	40.00	40.00
3. Contribution # <u>39</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Don Goulet</u> Address: <u>69 York</u> <u>Bay City MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	30.00	30.00
3. Contribution # <u>40</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Mike Halstead</u> Address: <u>2157 Sixth Street</u> <u>Bay City MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	30.00	60.00
Page Subtotal	120.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150313-0
2. Committee Name Committee to Elect Joseph Rivet

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>41</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Crystal Hebert</u> Address: <u>601 Glenview Ct</u> <u>Pinconning MI 48650</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	30.00	30.00
3. Contribution # <u>42</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Martin Hornacek</u> Address: <u>609 Glenview</u> <u>Pinconning MI 48650</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>NORTHWOODS</u> Business Address <u>229 W. FIFTH ST. PINCONNING, MI 48650</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	100.00
3. Contribution # <u>43</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Lori Jezowski</u> Address: <u>427 German Rd.</u> <u>Munger MI</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	40.00	40.00
3. Contribution # <u>44</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Tim Kelly</u> Address: <u>2152 Fifth Street</u> <u>Bay City MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	40.00	40.00
Page Subtotal	160.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150313-0

2. Committee Name Committee to Elect Joseph Rivet

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>45</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Brandon Krause</u> Address: <u>Auburn MI 48611</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	25.00	25.00
3. Contribution # <u>46</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Holly Kukla</u> Address: <u>237 W. Hampton</u> <u>Essexville MI 48732</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	40.00
3. Contribution # <u>47</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Christine Licht</u> Address: <u>2354 S. Huron Rd.</u> <u>Kawkawlin MI 48631</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # <u>48</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Colleen Maillette</u> Address: <u>3123 Kirkwood</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
Page Subtotal	115.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150313-0

2. Committee Name Committee to Elect Joseph Rivet

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>49</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Eileen Marshall</u> Address: <u>1316 Broadway</u> <u>Bay City MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	30.00	30.00
3. Contribution # <u>50</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Jeff Mayes</u> Address: <u>4297 Zander</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Supervisor MANAGER</u> Employer <u>Bay County consumer's power</u> Business Address <u>515 Center Ave. 4141 WILSON</u> Bay City MI 48706 Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	175.00
3. Contribution # <u>51</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Rick Meeth</u> Address: <u>2211 McKinley</u> <u>Bay City MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	30.00	30.00
3. Contribution # <u>52</u> PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Michigan Laborers Political L</u> Address: <u>1118 Centennial Way</u> <u>Lansing MI 48917</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	250.00	250.00
Page Subtotal	410.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150313-0
2. Committee Name Committee to Elect Joseph Rivet

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>53</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>John Miller</u> Address: <u>304 Barclay</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	50.00
3. Contribution # <u>54</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Andrew Niedzinski</u> Address: <u>321 S. Birney</u> <u>Bay City MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # <u>55</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Al Peloquin</u> Address: <u>216 Hart St.</u> <u>Essexville MI 48732</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # <u>56</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Barb Poirier</u> Address: <u>134 Salzburg</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	80.00
Page Subtotal	110.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150313-0
2. Committee Name Committee to Elect Joseph Rivet

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>57</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Rich Putt</u> Address: <u>4650 S. Auburn Rd.</u> <u>Auburn MI 48611</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	110.00
3. Contribution # <u>58</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Frank Quinn</u> Address: <u>4110 Creekwood</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	30.00	50.00
3. Contribution # <u>59</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Pat Race</u> Address: <u>1004 N. Sheridan</u> <u>Bay City MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
3. Contribution # <u>60</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Jill Raynak</u> Address: <u>1004 S. Hampton St.</u> <u>By City MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	25.00	25.00
Page Subtotal	125.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150313-0

2. Committee Name Committee to Elect Joseph Rivet

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>61</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: Vicki Roupe Address: 3115 Kirkwood Bay City MI 48706 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	45.00
3. Contribution # <u>62</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: Mike Rowley Address: 1561 Wedgewood Essexville MI 48732 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	50.00
3. Contribution # <u>63</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: Tom Ryder Address: 1300 W. Thomas Bay City MI 48706 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	40.00	40.00
3. Contribution # <u>64</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: Richard Rytlewski Address: 311 Roberts Auburn MI 48611 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
Page Subtotal	130.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150313-0

2. Committee Name Committee to Elect Joseph Rivet

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>65</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Jerome Sarnowski</u> Address: <u>1400 S. Warner</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	100.00
3. Contribution # <u>66</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Don Scherzer</u> Address: <u>5470 4 mile</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>President</u> Employer <u>Spicer Group</u> Business Address <u>230 S. Washington</u> <u>Saginaw MI 48603</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	200.00	300.00
3. Contribution # <u>67</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Jerome Somalski</u> Address: <u>1147 N. Pine</u> <u>Essexville MI 48732</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>BOY LANDSCAPING</u> Business Address <u>1630 SE. BUTTE RD. ESSEXVILLE, MI 48732</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	100.00
3. Contribution # <u>68</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Terry Spencer</u> Address: <u>521 Washington Ave.</u> <u>Bay City MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>DUNLOPS</u> Business Address <u>521 WASHINGTON AVE, BAY CITY, MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	100.00
Page Subtotal	450.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150313-0
2. Committee Name Committee to Elect Joseph Rivet

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>69</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Jay Swaton</u> Address: <u>1507 Sixth Street</u> <u>Bay City MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	30.00	30.00
3. Contribution # <u>70</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Don Tilley</u> Address: <u>617 Green</u> <u>Bay City MI 48708</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	30.00	60.00
3. Contribution # <u>71</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Ben Washabaugh</u> Address: <u>401 Kelton</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	80.00
3. Contribution # <u>72</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Jim Washabaugh</u> Address: <u>5914 4 Mile</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>SALES</u> Employer <u>NORTHERN CONCRETE & PIPE</u> Business Address <u>401 KELTON BAY CITY, MI 48706</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	100.00
Page Subtotal	160.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150313-0
2. Committee Name Committee to Elect Joseph Rivet

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>73</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Tom Washabaugh</u> Address: <u>232 Athlone Beach</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Partner</u> Employer <u>Northern Concrete</u> Business <u>401 Kelton</u> Address <u>Bay City MI 48706</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	150.00
3. Contribution # <u>74</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Bill Wentworth</u> Address: <u>8290 Northport</u> <u>Brand Blanc MI 48439</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Business Owner</u> Employer <u>Geoffrey Seidlin APPLE LTD.</u> Business <u>6801 W. Michigan Ave.</u> Address <u>Lansing MI 48917</u> <u>6448 BRISTOL RD FLINT, MI 48907</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	100.00	200.00
3. Contribution # <u>75</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/23/2015</u> Name: <u>Bryan Wood</u> Address: <u>1818 Wilder</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Contractor</u> Employer <u>Lee Wood Contracting</u> Business <u>930 N. Wagoner</u> Address <u>Essexville MI 48732</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	250.00	250.00
3. Contribution # <u>76</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>02/24/2015</u> Name: <u>Edward Rivet</u> Address: <u>3072 W. Birch Dr.</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business _____ Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	100.00
Page Subtotal	450.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)		

Enter this total on
line 3a of
Summary Page



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150313-0
2. Committee Name Committee to Elect Joseph Rivet

Enter contributor's name and address. If contribution is from an individual and the amount is \$20.01 or more, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # <u>77</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>03/02/2015</u> Name: <u>Bill Reder</u> Address: <u>77 E. Midland Rd.</u> <u>Auburn MI 48611</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	75.00
3. Contribution # <u>78</u> PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>04/06/2015</u> Name: <u>Rick Pabalis</u> Address: <u>5431 Chistena</u> <u>Bay City MI 48706</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	20.00	20.00
Page Subtotal		70.00
Grand Total of All Schedules 1A (Complete on last page of Schedule)		4110.00

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Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150313-0

2. Committee Name Committee to Elect Joseph Rivet

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 1 Name: Reinbold Printing Address: 3201 Hallmark Ct Saginaw MI 48604 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	02/06/2015	130.00
Expenditure # 2 Name: Postmaster Address: Bay City MI 48708 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	02/11/2015	171.80
Expenditure # 3 Name: Stein Haus Address: Water Street Bay City MI 48708 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Food/drink</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	02/23/2015	901.54
Expenditure # 4 Name: Bay County Democratic Party Address: 4538 Greenfield Bay City MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: <u>Party Function</u> Expenditure Code <u>PP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	02/26/2015	80.00
Expenditure # 5 Name: Postmaster Address: Bay City MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>Stamps</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/18/2015	49.00
Subtotal this page			1332.34
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total
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Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150313-0

2. Committee Name Committee to Elect Joseph Rivet

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 6 Name: Brunner for State Rep. Address: 208 Murphy Bay City MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: <u>Tickets</u> Expenditure Code <u>TC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/26/2015	25.00
Expenditure # 7 Name: Friends of Don Tilley Address: 617 Green Ave. Bay City MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>Tickets</u> Expenditure Code <u>TC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/30/2015	25.00
Expenditure # 8 Name: Mayor's Scholarship Address: P.O. Box 628 Pinconning MI 48650 <input type="checkbox"/> Fund Raiser	Purpose: <u>Adv.</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/08/2015	65.00
Expenditure # 9 Name: Com. to Elect Brandon Krause Address: 655 W. River Road Kawkawlin MI 48631 <input type="checkbox"/> Fund Raiser	Purpose: <u>Tickets</u> Expenditure Code <u>TC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	04/18/2015	50.00
Expenditure # 10 Name: Bay County Democratic Party Address: 4538 Greenfield Bay City MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: <u>Adv/Tickets</u> Expenditure Code <u>PP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/15/2015	270.00
Subtotal this page			435.00
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I.D. Number 150313-0

2. Committee Name Committee to Elect Joseph Rivet

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure # 11 Name: Bay County Democratic Party Address: 4538 Greenfield Bay City MI 48706 <input type="checkbox"/> Fund Raiser	Purpose: <u>Party Function</u> Expenditure Code <u>PP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/17/2015	100.00
Expenditure # 12 Name: Com. to Elect John Davidson Address: 1218 Marsac Bay City MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>Tickets</u> Expenditure Code <u>TC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	07/19/2015	25.00

Subtotal this page

125.00

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

1892.34

Enter this total
on line 8a of
Summary Page



1. Committee I.D. Number 150313-0

2. Committee Name Committee to Elect Joseph Rivet

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

Debt # _____ Owed to or by: _____ _____ _____ _____	Corp? <input type="checkbox"/> Yes	4. Type: _____ Code _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ \$ _____	_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	<div style="border: 1px solid black; height: 100px; width: 100%;"></div> <div style="text-align: right; padding-top: 10px;"> <input type="checkbox"/> FORGIVEN </div>
If bank loan, name of endorser or guarantor: _____			Amount Endorsed: \$ _____	

775.00

Enter this total
on line 12a
"owed by" or
line 12b "owed
to" of the
Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE

1. Committee I.D. Number 150313-0
2. Committee Name Committee to Elect Joseph Rivet

- USE A SEPARATE SHEET FOR EACH EVENT-

3. Date Event Was Held <u>02/23/2015</u> Month Day Year	4. Number of Individuals Attending or Participating (whichever is greater) 75	5. Type of Fund Raising Activity Pizza Party 2015	6. Address and Name (If any) of the place where the activity was held Stein House - 1108 N. Water Bay City MI 48708 <input type="checkbox"/> Private Residence
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7. Total Contributions of \$20.00 or less 440.00
8. Total Contributions of \$20.01 or more 3610.00
9. SUBTOTAL (Add lines 7 and 8) 4050.00
10. Other Receipts 0.00
11. Gross Receipts (Add lines 9 and 10) 4050.00
12. Total Cost of Event* 1203.34

*Includes In-Kind Contributions and All
Expenditures Made For the Event

13. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.